FUSITION	Nitials	ID NO.	DATE
FEE DETERMINATION	m g		11-16-01
O.I.P.E. CLASSIFIER	7.	1/	11-27-01
FORMALITY REVIEW	IDX	(5)	11/1/7/10
RESPONSE FORMALITY REVIEW	M.D.	625	51-27-02
	5		

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim Date	Claim Date	Claim Date
Final Original State (C. C. C		
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160//	68	116
	67	117
18	68	318
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If more than 150 claims or 10 actions staple additional sheet here

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